



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

e application of: Michael Edward Prise

pplication No. 09/742,313

Filed: December 21, 2000

Confirmation No. 5872

LOCATION INFORMATION ERASE ON For:

SIM CARDS

Examiner: Pablo N. Tran

Art Unit: 2681

Attorney Reference No. 6541-62121

COMMISSIONER FOR PATENTS

P.O. BOX 1450

**ALEXANDRIA, VA 22313-1450** 

## **CERTIFICATE OF MAILING**

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 on the date shown below.

INTO DATE COLLS

1.55

Attorney for Applicant(s

Date Mailed April 30, 2004

MAY 1 0 2004

Technology Center 2000

## TRANSMITTAL LETTER

Enclosed is a Response for the above application. The fee has been calculated as shown below. CRATHURSON GREEN

CLAIMS AS AMENDED					
No. after amendment	•		Present Extra	Rate	Fee
9	- 39*	=	0	\$18.00	\$ 0.0
1	7**	=	0	\$86.00	\$ 0.0
Mult. Dep. Claims Fee (if not previously paid)				\$290.00	· .
One-month Extension of Time				\$110.00	
Two-month Extension of Time				\$420.00	
Three-month Extension of Time				\$950.00	_
	amendment  9  1 e (if not previously paid of Time	No. after amendment previously  9 - 39*  1 7**  e (if not previously paid)  of Time  a of Time	No. after amendment previously  9 -39* =  1 7** =  e (if not previously paid)  of Time	No. after amendment previously Extra  9 -39* = 0  1 7** = 0  1 (if not previously paid)  of Time	No. after amendment   No. paid for present amendment   Present   Extra   Rate

## TOTAL ADDITIONAL FEE FOR THIS AMENDMENT

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- X Applicant petitions for an extension of time for the number of months indicated above. If an additional extension of time is required please consider this a petition therefor.
- 冈 Please charge any additional fees that may be required in connection with filing this Response to Restriction Requirement and any extension of time to Deposit Account No. 02-4550. A copy of this sheet is enclosed.

<sup>\*</sup> greater of twenty or number for which fee has been paid. \*\* greater of three or number for which fee has been paid.

Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

Ву

Michael D. Jones

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